



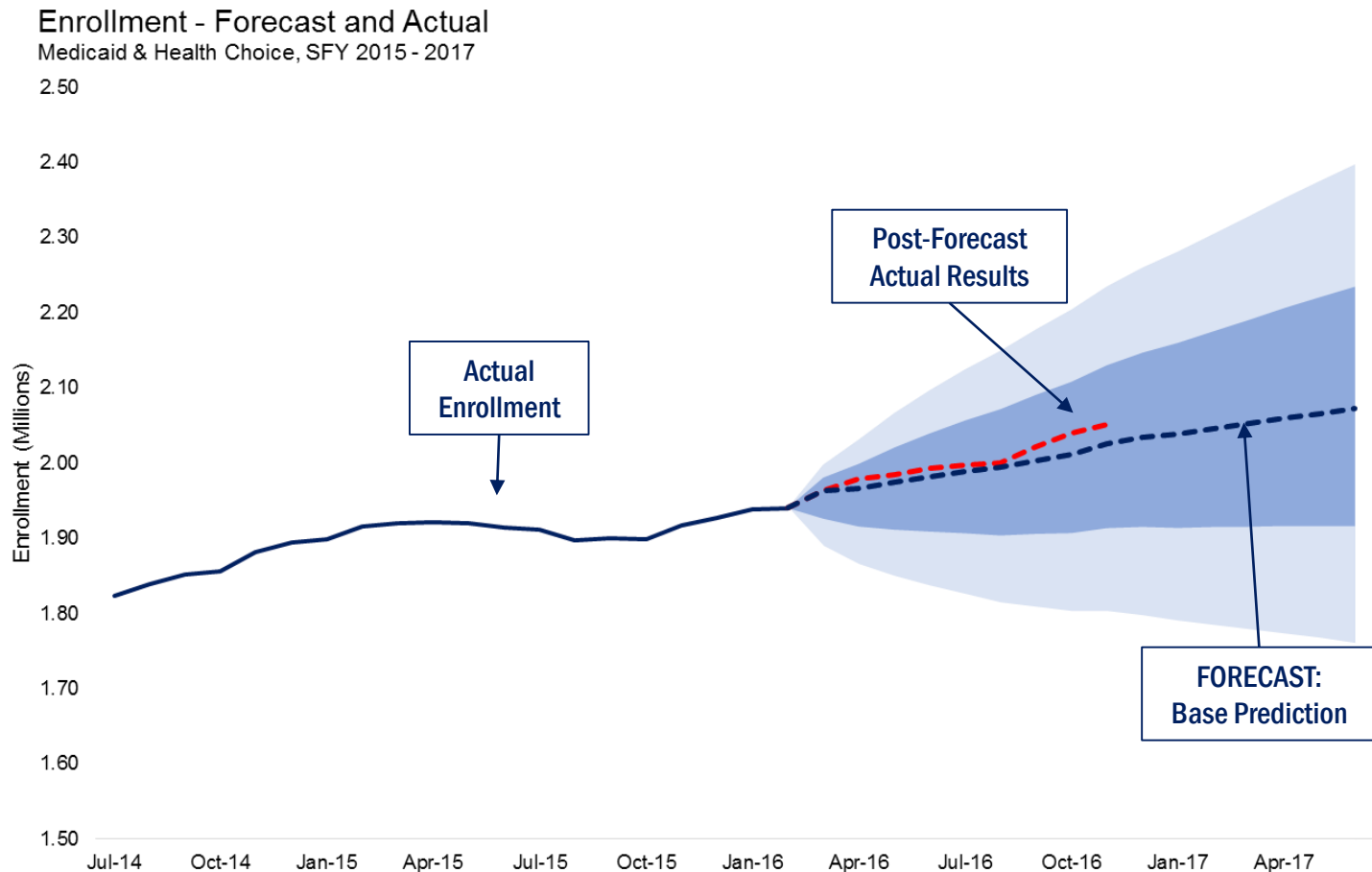
**Joint Legislative Oversight Committee  
on Medicaid and NC Health Choice  
Nov. 29, 2016**

**Department of Health and Human Services  
Medicaid Enrollment**



# Medicaid enrollment versus forecast

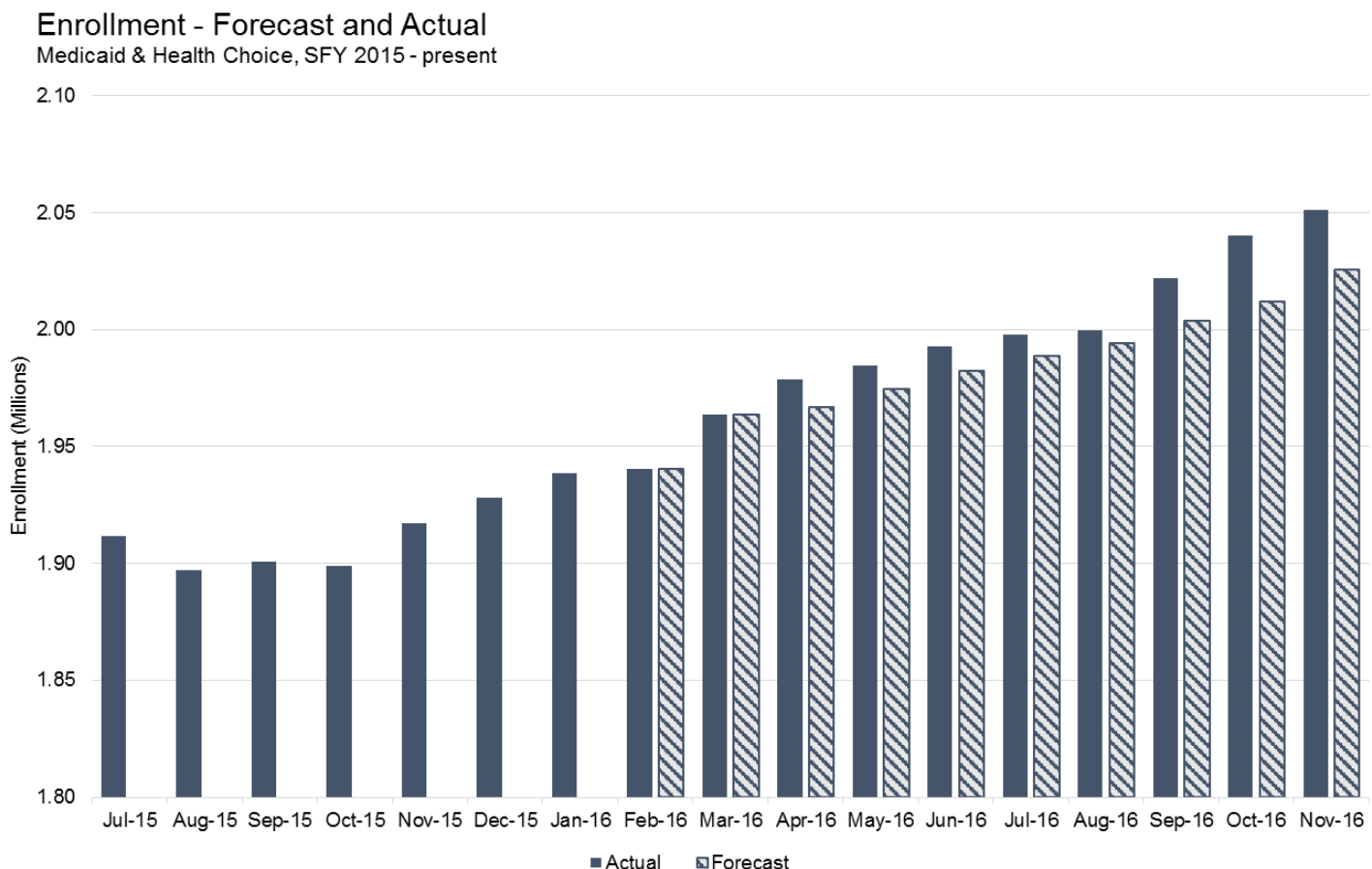
Medicaid enrollment has tracked roughly in line with DMA's expectations to date, with an uptick over the last three months creating a small gap between actuals and forecast.



Sources: Actuals from DMA point-in-time enrollment counts from DMA BIO; forecasted enrollment from DMA/SAS.

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# Medicaid enrollment versus forecast

## Program Aid Categories driving SFY 17 variance to forecast

Program Aid Category	SFY 2017 Actuals vs. Forecast (through November 2016)
<b>Total Medicaid &amp; Health Choice</b>	<b>24,366 over forecast (1.2% over forecast)</b>
Family Planning	20,173 (15.4% over)
Health Choice	6,425 (7.5% over)
MCHIP	5,937 (4.8% over)
Legal Aliens	3,980 (33.9% over)
MIC	3,762 (0.9% over)

- Family Planning – Lowest cost PAC; continued growth driven by woodwork effect and NC FAST rule-based eligibility system
- Legal Aliens – NC FAST system enables better capturing of beneficiaries' immigration status, resulting in improved accuracy in placing beneficiaries within the legal alien PAC; policy changes in recent years at the federal level have also driven growth

# Medicaid enrollment versus forecast

Program Aid Category	SFY 2017 Actuals vs. Forecast (through November 2016)
<b>Total Medicaid &amp; Health Choice</b>	<b>24,366 over forecast (1.2% over forecast)</b>
Disabled	-6,515 (2.2% under)
AFDC < 21	-6,038 (1.2% under)
MQB-B	-1,946 (4.3% under)
Aged	-1,539 (1.2% under)
MQB-Q	-1,192 (12.5% under)
Illegal Aliens	-1,148 (98.1% under)

**Program Aid  
Categories mitigating  
SFY 17 variance to  
forecast**

- **MQB-Q** – NC FAST system error artificially inflated MQB-Q enrollment prior to forecast development; change not factored into original enrollment forecast
- **Illegal Aliens** – Forecast of Illegal Alien enrollment is based on a historical look at all activity, while the actual count of enrollment is based on a point-in-time snapshot

# Medicaid enrollment versus forecast

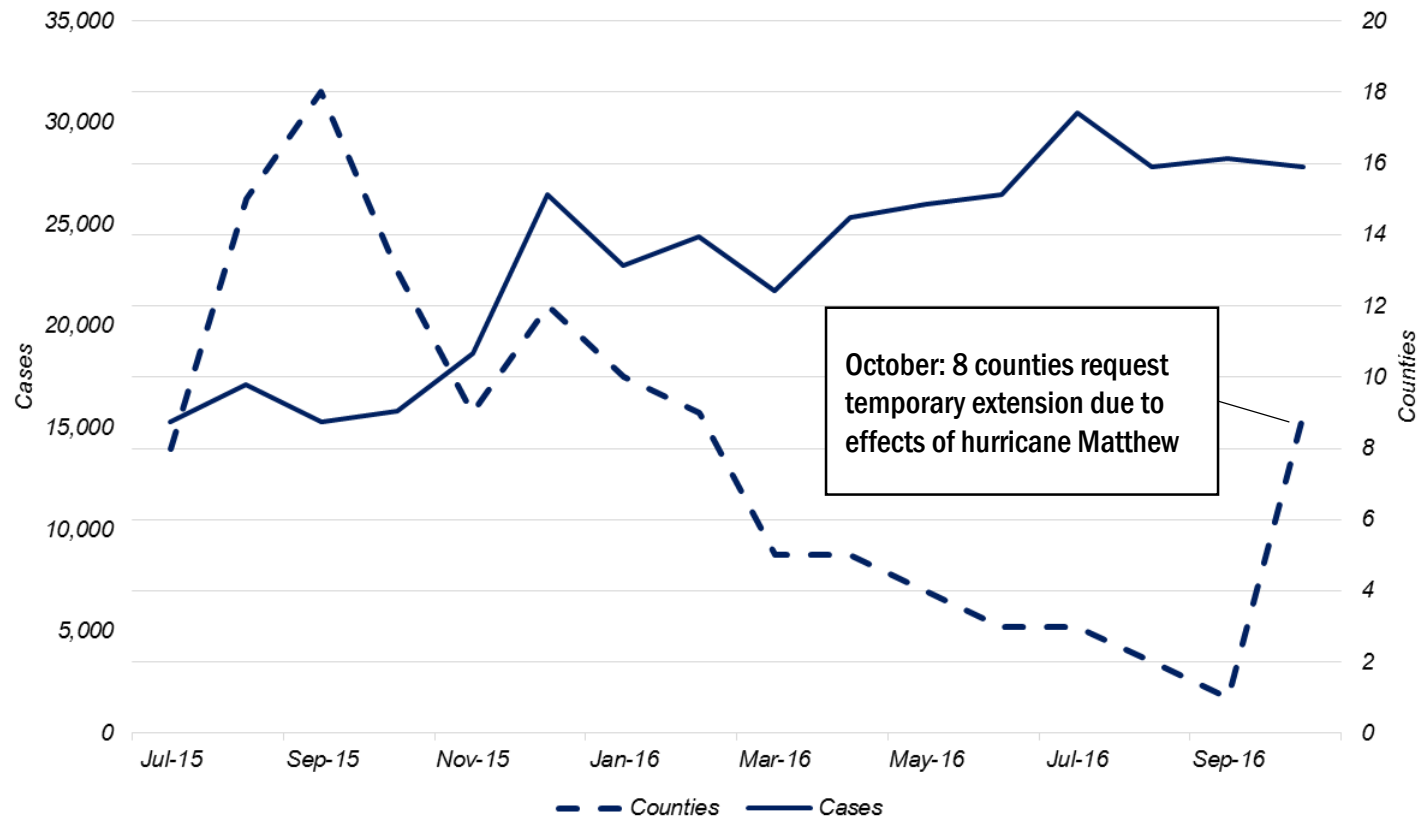
- Drivers of upward enrollment variance to forecast tend to come from lower cost populations, including children and limited coverage family planning services
- Uptick in September enrollment was largely the result of processing of past-due recertifications



# Auto-extension update

Since the last JLOC meeting in May, the number of counties utilizing auto-extension has declined, while the total number of cases has increased

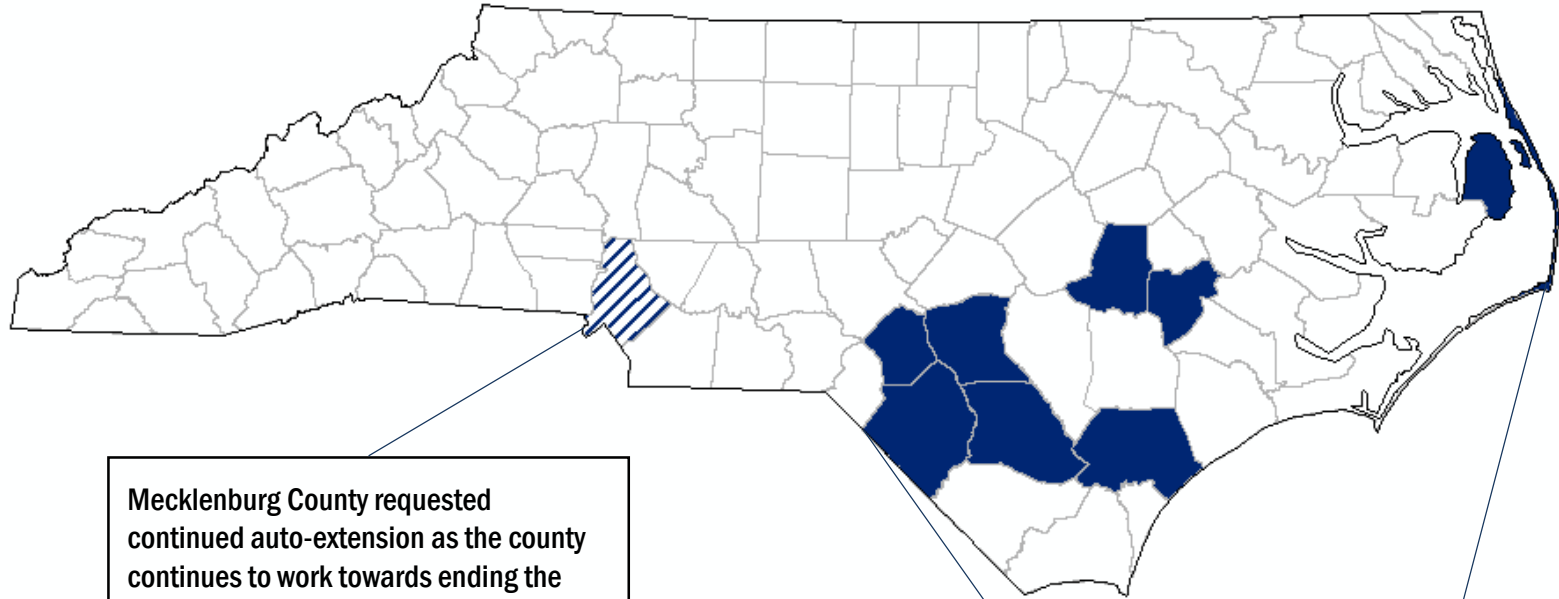
Autoextensions over Time  
SFY 2016 - present



Source: NC FAST

# Auto-extension update

In October, nine counties requested auto-extension



Mecklenburg County requested continued auto-extension as the county continues to work towards ending the use of auto-extension, with a goal of completing work on the recertification backlog by the end of 2016

Eight eastern NC counties affected by Hurricane Matthew requested auto-extension to account for closures and delays affecting caseloads; all eight counties had previously discontinued auto-extension

# Auto-extension update

- Through DMA's efforts to work with counties on decreasing the recertification backlog, the number of counties requesting auto-extension had steadily declined over the course of the year to one in September; however, the effects of Hurricane Matthew in October temporarily impacted recertification workloads in eight counties
- DMA Operations Support Team is working closely with Mecklenburg County staff to ensure gap is closed by end of 2016



# Summary

- To date, SFY 2017 enrollment is slightly over budget, driven by growth in several lower-cost PACs and the processing of previously lapsed recertifications
  - Growth in lower cost PACs offset by lower-than-expected enrollment in higher cost PACs (Aged, Disabled, etc.)
- Efforts to end use of auto-extension have removed most counties from regular use of the process, though DMA is still working with one county to clear an ongoing recertification backlog and remove need for regular auto-extension processes, with an end of 2016 deadline
- While auto-extension does present a modest additional cost to the state, federal guidelines require that individuals covered by Medicaid remain eligible for services until they are deemed to be ineligible